

July 8, 2021

## **Ending the Modifications to Intensive Residential Treatment Services (IRTS) Licensing Requirements**

In May 2020, the commissioner issued a waiver suspending or modifying certain Intensive Residential Treatment Services (IRTS) licensing requirements so that essential services could continue during the COVID-19 pandemic. In January 2021, programs were directed to begin resuming certain requirements. On June 30, the Minnesota Legislature voted to end the state peacetime emergency effective Thursday, July 1, 2021, at 11:59 p.m. This means that some temporary modifications put in place during the COVID-19 peacetime emergency will be ending immediately while other modifications will end on August 30, 2021. The legislature only allowed DHS to extend some of the waivers for 60 days beyond the end of the peacetime emergency, after which providers must return to following all licensing requirements as provided in variance, rule, and statute. License holders must resume meeting variance requirements according to the following timelines.

### **Effective immediately:**

1. DHS recommends that providers continue to follow COVID-19 guidance from the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC).
2. Providers are no longer required to maintain and update a COVID-19 preparedness plan, however, providers may find their plan to be a useful resource in the event someone tests positive for COVID-19.
3. If a program restricts a recipient's right to have in-person visitors at the program, the license holder must document the limitations and reasons in the recipient's file.

### **Effective on August 31, 2021 (60 days after the end of the peacetime emergency):**

Effective August 31, 2021, your program must be fully compliant with all relevant variance requirements, statutes, and rules, including the following previously waived requirements that have not otherwise expired:

1. Interpretive summaries must be completed as required.
2. Functional assessments must be completed within 10 calendar days of admission and functional assessments must be updated every 30 days.
3. Programs must arrange for an annual physical exam for each recipient.
4. Health screens must be completed according to variance requirements.
5. A Registered Nurse must be on site 8 hours a week to perform health and service requirements.
6. The clinical supervisor must be physically present in weekly treatment team meetings.
7. All staff must participate in a minimum of one team meeting during every calendar week they work.

8. A mental health professional must sign all initial treatment plans, functional assessments, individual treatment plans, and individual crisis stabilization plans.
9. Programs must review the quality assurance and improvement plan quarterly and annually.
10. The treatment director must review and update each policy and procedure in the program at least annually.
11. Programs must meet all staffing requirements including the requirement for an on-site mental health practitioner or mental health professional.